2000 UNIFORM BUSINESS REPORT (UBR)

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Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90001 023 ***150.00

Entity Name

MILANI & ASSOCIATES DENTAL, P.A.

Principal Place of Business	Mailing Address
999 NE 2nd AVE, STE 206 Miami, FL 33138	999 NE 2 AVE, STE 206 Miami, FL 33138

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
7900 NW 27 AVENUE	7900 NW 27 AVENUE
Suite, Apt. #, etc. 296	Suite, Apt. #, etc. 296
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33147 / Country USA	Zip 33147 / Country USA

4. FEI Number 65-0915609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Masoudreza A, Milani, DMD
999 NE 2nd Avenue
Suite 206
Miami, FL 33138

7. Name and Address of New Registered Agent

Name Masoudreza A. Milani, DMD
Street Address (P.O. Box Number is Not Acceptable)
7900 NW 27 Avenue, Suite 296
City Miami FL Zip Code 33147

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ________

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Masoudreza A. Milani, DMD 999 NE 2 Avenue, Suite 206 Miami, FL 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Masoudreza A. Milani, DMD 7900 NW 27 Avenue, Suite 296 Miami, FL 33147 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Masoudreza A. Milani, DMD 2/21/00 (305) 835-8781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #